

Mr Dushmanthe Srikanthe Ranetunge

Roland Residential Care Homes - 231 North Circular Road

Inspection report

231 North Circular Road
Palmers Green
London
N13 5JF

Tel: 02088860755

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Roland Residential Care Homes - 231 North Circular Road is a residential care home providing the regulated activity, accommodation for persons who require personal care, to up to 6 people. The service provides support mainly to people with mental health needs. At the time of our inspection, 6 people were using the service.

The care home accommodates people in 1 adapted house across 3 floors. People had access to communal bathrooms, living/dining room, kitchen and garden.

People's experience of using this service and what we found

People received care and support according to their individual needs. However, we recommended the service to make sure staff fully understood the principles of person-centred care and how to apply them effectively.

People using the service felt safe and protected from abuse. Staff knew how to identify abuse and raise concerns. Risks to people's health, care and safety were assessed and reduced. People received their medicines on time and as prescribed. Staff followed infection prevention and control measures to keep people safe from infections.

There were sufficient and suitably qualified staff on shifts. They received appropriate training and support to perform their work.

Manager's assessed people's needs prior to them moving to the service, and reviewed these as needed. People's eating and drinking needs were met. Staff supported people to access healthcare services and to lead healthy lives.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff cared for people well and treated them with respect, while promoting their independence. People were involved in making decisions about their care as much as possible.

Staff supported people to remain socially engaged, which promoted their wellbeing. Staff also respected people's equality and diversity needs. There was a system to record and investigate complaints.

Managers and staff were aware of their roles and responsibilities, and worked as a team. Staff carried out regular checks on different aspects of the service to monitor and improve the quality of care delivered to people. The service worked in collaboration with other organisations to provide effective joined-up care to people.

There was a positive atmosphere in the service and people were happy with the care and support they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 November 2017).

Why we inspected

This inspection was prompted by the time since the service was last inspected and rated.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We made a recommendation about person-centred care.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Roland Residential Care Homes - 231 North Circular Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Roland Residential Care Homes - 231 North Circular Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roland Residential Care Homes - 231 North Circular Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people living at the service. We observed interactions between people and staff, including mealtimes. We walked around the premises while looking at aspects of health and safety and infection control.

We spoke with 3 care workers, the registered manager and 3 other managers. We also spoke with a therapist who was visiting the service during the inspection.

We reviewed a range of records. This included 4 people's care records and medicines records. We looked at 4 staff files in relation to safer recruitment and supervision. A variety of records relating to staffing and the management of the service, including quality assurance, staff training, accidents and incidents, policies and procedures, complaints, health and safety, and meeting minutes were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and improper treatment.
- There was a clear policy on recognising abuse and reporting concerns. Staff, who had been trained in safeguarding, knew their responsibilities in regard to reporting concerns. If abuse was suspected, a staff member told us they would, "Report to manager or senior, or go to Safeguarding".
- People felt safe within their accommodation and with the care and support they received. A person told us they felt "absolutely safe". Another person said, "Oh yes, I feel safe."

Assessing risk, safety monitoring and management

- Staff identified, assessed and worked in way that reduced risks to people's health, care and safety.
- Staff received training to understand how to support people safely and prevent them from coming to harm. For example, supporting people with alcohol addiction and to eat and drink safely.
- Risk assessments covered a wide range of areas, including health conditions such as diabetes, going out, smoking, COVID-19, and emotional and physical wellbeing. These provided clear guidance to staff on how to support people safely.
- Staff and external contractors carried out checks on the environment to make sure it was safe. These included water checks, electrical installation testing and gas safety. The service also ensured people and staff were protected from the risk of fire by conducting regular fire drills, training staff in fire safety and developing Personal Emergency Evacuation Plans for people, which outlined the support people required to safely evacuate the premises in the event of a fire.
- However, we found a building fire risk assessment undertaken in 2020, rated the service as 'high risk'. Although the provider told us the recommendations made had been addressed, a follow-up assessment as recommended by the contractor had not taken place to check and validate the improvements made. After we raised this with the provider, they immediately contacted a fire safety contractor to arrange an assessment. The contractor attended the service a week later.

Staffing and recruitment

- The service recruited and deployed staff safely.
- Recruitment checks included verifying staff's identity and eligibility to work in the United Kingdom, seeking employment and character references, and criminal records checks. The managers also assessed staff's skills and competencies during the recruitment process.
- There were sufficient staff on shifts to support people and meet their needs safely.

Using medicines safely

- Staff supported people to take their medicines safely and as prescribed. They ordered, stored and returned medicines in line with best practice.
- Information on people's medicines were clearly documented in their care plan, including what they were for. Staff signed medicines administration records to confirm people had taken their medicines. Managers carried out regular checks to prevent the misuse of medicines and identify any errors.
- People who were prescribed 'when required' (PRN) medicines, such as painkillers and medicines for anxiety, had guidance in place instructing staff when to administer these medicines.

Preventing and controlling infection

- The provider had appropriate procedures in place to prevent and control infection. Staff had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control. We observed staff wearing PPE in line with guidelines.
- We observed staff supporting a person to wash their hands in the main kitchen sink, which is mainly used for food preparation and washing dishes. This could increase the risk of infections. We raised this with the managers, who told us this should not have happened as there was a separate sink for handwashing. They told us they would make sure to remind all staff about hygiene good practice.
- Staff followed a cleaning schedule to make sure the premises were routinely cleaned and disinfected. Staff were trained in food safety and adhered to requirements of the Food Standards Agency to minimise the spread of infections in relation to the handling, storage and preparation of food.
- Staff supported and encouraged people to have their seasonal flu and COVID-19 vaccinations. People were able to have visitors without any restriction.

Learning lessons when things go wrong

- The staff team reflected on things when they went wrong and had regular discussions about these.
- Staff reported and recorded accidents and incidents appropriately. The registered manager monitored these records to identify any patterns and took necessary actions to reduce the risk of further accidents and incidents reoccurring.
- The registered manager shared lessons learned from accidents and incidents with all staff through meetings, supervisions and notices. Lessons learned were also shared among other service managers to improve quality of care and safety across the provider's other locations.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Managers assessed people's health, care and support needs prior to their admission to the service and reviewed these regularly. Staff delivered care and support in line with best practice.
- Managers used information from previous care settings and by interacting with people and their representatives to create personalised care plans. These care plans were then developed and amended as staff worked with people and got to know them better.

Staff support: induction, training, skills and experience

- Staff received appropriate support to remain competent and be able to carry out their duties effectively.
- Newly recruited staff enrolled on a comprehensive induction programme consisting of learning about people's needs and the way the service operated, completing mandatory training and working under the supervision of experienced staff members. Staff also completed the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed regular refresher training courses in a range of areas, including mental health awareness, oral care, drug and alcohol awareness, equality and diversity, and health and safety. This ensured staff knowledge remained up to date.
- Managers supported staff through regular supervisions and appraisals. Staff we spoke with confirmed they felt supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink well.
- We observed balanced meals being served to people on the days we visited the service, and people told us they enjoyed the food. However, 2 people spoke to us about a lack of choice regarding cooked breakfasts and snacks. We raised this with the registered manager, who assured us people had access to different options for breakfasts, and fresh fruits, biscuits and tea/coffee for snacks, but they would remind staff to make sure they offer these choices routinely. We also saw food items, such as eggs, fruits and biscuits in stock.
- People were able to express what they would like to eat and drink, and some people were supported by staff to do their own shopping. We observed 1 person cooking their own dinner with support from staff. For another person, staff supported them to prepare and eat cultural dishes, which they enjoyed.
- Every person had bottled water kept in their rooms for easy access.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Staff monitored people's health and supported them to access healthcare services when needed.
- There were protocols in place which enabled people to do the things they enjoyed moderately, including smoking and consuming non-alcoholic drinks. This approach promoted people's rights and their wellbeing, while preventing them from forming or reverting to harmful addictions.
- People's healthcare appointments were clearly documented and showed visits to/from the GP, chiropodist, optician, dentist and blood test appointments.
- We observed 1 person engaging with an external therapist in a series of exercises. These were weekly exercise sessions and the therapist told us the person had made good progress over the years.

Adapting service, design, decoration to meet people's needs

- The design and adaptations of the service met people's needs.
- There were adapted shower facilities, which helped people with mobility issues. One person, who used a wheelchair, was able to mobilise freely and independently throughout the premises.
- The communal areas, such as the open kitchen/diner/lounge and garden, helped people to socialise.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA. They respected people's choices and supported them to make their own decisions.
- People who were deprived of aspects of their liberty had the appropriate authorisations in place to ensure this was done legally.
- Information on people's mental capacity was clearly recorded in their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and with respect, while assisting them in meeting their equality and diversity needs.
- Staff respected people for who they were, irrespective of their disabilities, religion and culture. Staff supported 1 person to visit their religious establishment and access their local community to interact with people of the same culture.
- People spoke positively of the care and support they received from staff. Their comments included, "The place is great, you can do things" and "Staff are excellent."

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and feelings, and were involved in making decisions about their care.
- People had regular discussions with staff about a range of topics, including food, activities, health, staffing, management, medicines and goals. Staff facilitated these discussions through keyworker sessions, residents meetings and casual conversations.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People were cared for in private and staff used appropriate terms of address when speaking with and about people. One person told us, "Staff knock on the door before entering."
- Staff supported and encouraged people to do things independently. We observed 1 person in their wheelchair going from the dining table to empty their plate in the bin after they had finished their lunch, and washing their own plate and cutlery.
- Another person told us about their wish to move on to a more independent accommodation. Staff supported them to administer their own medicines and cook their own meals on certain days. This helped the person gain key skills in preparation to eventually achieve their goal.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff planned and delivered personalised care and support to people. People were able to make their own decisions and express their feelings freely.
- However, 1 person told us their choices regarding eating and drinking, and activities were limited. We checked their food and drink records, their activity planner and discussed this with the registered manager, who explained how they were supporting the person and the challenges they faced in doing so. We found the staff supported the person to eat and drink adequately, but did not always record their food and fluid intake effectively, and their activities were planned in a prescriptive manner.

We recommend the provider consider people's individual needs and outcomes when planning and delivering care and support to them.

- Staff organised a range of activities for people, including arts and crafts, music/dancing, exercises, walks, café lunches, cooking and the occasional trips to different places. People told us about these activities and we saw photos of them. One person told us eagerly, "We went to Brighton last week."
- People's care plans were detailed and person-centred. Their care and support needs, preferences and health requirements were clearly documented.
- People were able to personalise their rooms with objects of their liking and staff respected people's private spaces.
- Following the inspection, the registered manager held a team meeting in which they emphasised on the importance of promoting choice and control, and accurate record-keeping.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicate with people in ways they understood.
- The service had arranged for a translator to work with 1 person whom English was not their first language. They supported the person to express their views in care reviews and when attending their appointments.
- Some people had information, such as their activity planners, in pictorial format, which was meaningful to

them. The registered manager told us they were working on creating information about the service in different accessible formats, such as Easy Read, to make sure people fully understood any information presented to them.

Improving care quality in response to complaints or concerns

- There were systems for responding to complaints and concerns. People using the service knew who to complain to and felt comfortable to raise concerns.
- The complaints' log showed the provider had not received any complaints recently, although old records showed complaints were fully investigated and their outcomes were clearly recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and inclusive atmosphere at the service. People told us they were happy and well supported.
- The registered manager was visible in the service and people felt comfortable to approach them. One person told us, "[Registered manager] is very good, I love this place."
- Staff told us they were well supported and it was a nice place to work. A staff member said, "They really take care of the place."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager was aware of their duty to be honest and transparent when things go wrong.
- The staff team worked in partnership with other agencies. They sought support from healthcare professionals and made timely referrals when people needed additional support.
- The registered manager worked closely with other managers within the organisation to discuss good practice and share learning when things went wrong. The managers told us, "We are always helping each other."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management and staffing structure. Staff were clear about their roles and responsibilities.
- Staff carried out regular audits to monitor and improve the quality of service. These audits covered medicines management, health and safety, spot checks and people's finances. Senior managers had a good overview of the service and visited regularly to perform their own checks.
- The managers were approachable and acted on feedback from stakeholders to make improvements. The registered manager was also receptive to our feedback and taken steps to improve the service where needed.
- There was a range of policies and procedures which reflected best practice, guidance and statutory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service, their relatives and other professionals. People had the opportunity to provide feedback on their care in keyworker sessions, residents meetings and in writing.
- Staff were also able to share their views and raise any concerns they had in team meetings and through daily conversation with managers. They were mindful of people's diverse needs and respected their rights.
- The registered manager had an open-door policy where people and staff were able to enter their office to interact. This promoted dialogues and inclusivity.